

# Bulletin

October 21, 1998

Minnesota Department of Human Services ■ 444 Lafayette Rd. ■ St. Paul, MN 55155

- County Directors
- County Developmental Disabilities (DD) Unit Supervisor
- County DD Waiver Coordinator

Please read for  
information

Waiver amendments were  
effective July 1, 1998

## **MR/RC WAIVER AMENDMENTS ANNOUNCED**

### **TOPIC**

The federal Health Care Financing Administration (HCFA) recently approved DHS's request for revisions to the current Home and Community-Based Services Waiver Plan for Persons with Mental Retardation or Related Conditions (MR/RC Waiver). The revisions were requested in response to 1997 legislation that directed the commissioner to amend the waiver plan to maximize the number of persons served within the current fiscal appropriations and to divert persons from institutional placement.

### **PURPOSE**

Provide information regarding:

- 1) revisions in MR/RC Waiver Plan and
- 2) waiver amendments resulting in new services.

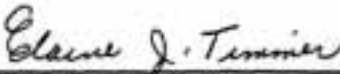
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### **SIGNED**

  
**ELAINE J. TIMMER**  
Assistant Commissioner  
Continuing Care

## **LEGAL AUTHORITY**

FY 1998 - 2002 MR/RC Waiver Plan  
Minnesota Statutes, section 256B.092  
Minnesota Rules, parts 9525.1800 to 9525.1930  
Laws of Minnesota, 1997, Chapter 203, Article 7, Section 27 (see Attachment **B**)

## **BACKGROUND**

The federal Health Care Finance Administration (HCFA) recently approved the Department's request for revisions to the current waiver plan. The revisions were requested in response to the 1997 legislation that directed the commissioner to maximize the number of persons served within fiscal appropriations and to divert persons from institutional placement.

The purposes of the amendments are to:

- strengthen the role of family, friends, and generic community supports;
- promote consumer self-determination and full inclusion in the community;
- increase the flexibility of MR/RC Waiver funding and service delivery;
- increase consumer control over the MR/RC Waiver resources, services, and supports;
- divert persons from institutional placement; and
- allow additional support and service options within the current allowable MR/RC Waiver resource funds.

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## **REVISIONS TO SERVICE DEFINITIONS AND QUALIFICATION STANDARDS**

Changes to current service parameters were approved as follows:

### **Caregiver Training and Education**

The annual reimbursement limit per person was increased from \$500 to \$2,500.

### **Housing Access Coordination**

The reimbursement limit per recipient of \$500 per move has been eliminated. Housing access coordination costs continue to be determined at the local level.

## **Respite Care**

The annual service limitation of 90 twenty-four hour days or 2160 hours per person was removed. Case managers continue to work within the parameters of permanency planning for children residing outside of their family home. See Minnesota Statutes, Chapter 256F, Minnesota Family Preservation Act.

The amendments also remove the respite care eligibility requirement that a person must also need a residential habilitation service reimbursable through the waiver in order to receive respite care.

## **Residential Habilitation**

The limitation that residential habilitation service providers may not include the recipient's immediate family has been modified. Family members, with the exceptions of parents/stepparents of minor children and spouses of adult recipients, who meet provider qualifications may provide residential habilitation.

Planning and provision for residential habilitation services must continue to be in accordance with Minnesota Rules, part 9525.3004, subpart 24, which defines the screening team or service planning team. For consumer protection and advocacy purposes the legal representative must be a member of the screening team and may not have any direct or indirect service provision interest. Therefore, other than guardianship/conservatorship services, the legal representative may not be a provider of any service, including residential habilitation services.

***Example:** A 30-year-old woman is living with her parents and receiving waived services, including residential habilitation. Her parents are her legal representatives; therefore, they may not be service providers or employees of a service provider. Other family members, however, may be residential habilitation service providers or employees of residential habilitation service providers if they meet the appropriate provider/employee qualifications and the legal representatives have determined that they want the residential habilitative services provided by the family members.*

Residential habilitation services continue to be defined as in-home family support services and supported living services.

### Service Revision **Implications**

All modifications to the available services must be made within each county agency's unique allowable average reimbursement rate. There is no additional funding to the MR/RC Waiver program to accommodate the waiver plan changes.

### **NEW SERVICE PROVISIONS**

Effective July 1, 1998, the following services can be made available and funded through the MR/RC Waiver:

**Chore** services;  
**Consumer-directed community support services;**  
**Consumer training and education** services;  
**Extended PCA** services;  
**Live-In Personal Caregiver Expenses; and**  
**Transportation**

A guidebook is attached that contains the service amendments and service parameters, as approved by HCFA, key points, and examples.

### **New Services Implications**

These additional services provide more options within the current allowable average. There is no additional funding to the MR/RC Waiver. All new services offered to MR/RC Waiver consumers must be made within each county agency's unique allowable average reimbursement rate.

These new services do not require licensing under Minnesota Statutes, chapter 245B, Consolidated Rule Standards. With the exception of Extended PCA Services, these services do not require the provider to be licensed. Providers must be able to meet the service needs as documented in the person's Individual Service Plan (ISP) in accordance with Minnesota Rules, parts 9525.0004 to 9525.0036 (Rule 185), specifically part 9525.0024; Minnesota Rules, parts 9525.1800 to 9525.1930 (Rule 41); and the MR/RC Waiver Plan (Fiscal Years 1998 - 2002).

Services must not duplicate any other services provided to the person.

## SERVICE OPTIMIZATION AND FLEXIBILITY

The Department has also received HCFA's approval to serve additional recipients **without additional funding provided to the waiver program** by using current program efficiencies.

### Criteria

This service optimization will be offered to county agencies or county collaborative who meet the following criteria:

- Paid claims for waived services are at or below their unique allowable resource amount;
- Implementation plans are in place for meeting requests for institutional discharges, including any persons residing in regional treatment centers, Minnesota Extended Treatment Option campus-based program (METO), or community-based ICFs/MR with scheduled closure or downsizing activity;
- Agrees to continue to plan for the on-going and future needs of current waiver recipients so that these needs will continue to be met;

***Examples of future needs of current waiver recipients:** Young adults moving from educational services will need additional service dollars to access vocational services; people living with caregivers who can no longer provide informal supports will need more formal and costly services; people whose medical needs are predicted to increase will need services from highly trained and more costly service providers.*

- waived services are offered in a consumer-directed service delivery manner;

***Examples:** Case managers have completed or plan to attend training in person-centered planning or comparable models and incorporate the practices into service planning, provision, monitoring, and evaluation; and providing consumer-friendly information for provider selection.*

and

- Implementing a quality assurance mechanism that exceeds the current scope of health and safety assurances.

*Examples: Performance indicators are included in provider contracts and the county uses the results of this information in future contracting; systematic feedback from consumers and care givers is used to monitor for their stress levels and the need for additional or modified services; and providers are evaluated against one another for key markers of quality assurance.*

### **Prioritization**

Priority will be given to:

- two or more county agencies working in collaboration with one another to jointly plan, request, and develop services; and
- agencies with eligible recipients who are waiting for services and living in unstable situations due to the age or incapacity of their primary caregiver.

NOTE: county agencies who serve 100 or more waiver recipients and county agencies participating in the managed care for persons with disabilities demonstration project will be prioritized in the same manner as county agencies working in collaboration with one another.

### **County Requests**

County agencies or collaboratives desiring to serve additional recipients through efficiency allocations should submit a request with the following information:

- the preferred number of efficiency allocations, including the number of recipients who would be served who are living in unstable situations due to the age or incapacity of their primary caregiver;
- implementation plans for anticipated institutional discharges, from both state-operated and community-based ICFs/MR;
- assurance that the on-going and future needs of current waiver recipients can be met and will continue to be met;

- narrative on how waived services are or will be offered in a consumer-directed service delivery manner; and
- narrative of a quality assurance implementation plan that exceeds the current scope of health and safety assurances.

## **TRAINING AND TECHNICAL ASSISTANCE**

The Department recognizes that the development of service optimization and flexibility is a growing process. There are no prescribed formats that county agencies must use to demonstrate quality assurance mechanisms or a consumer-directed service delivery system. However, the Department will provide examples and tools for county consideration and development.

The Department will notify all county waiver coordinators of upcoming statewide training regarding the waiver amendments. In addition, counties may contact regional resource specialists for technical assistance in implementation of the waiver amendments.

## **MMIS HEALTH CARE PROCEDURE CODES (HCPCs) and BUDGETING, REPORTING AND ACCOUNTING FOR SOCIAL SERVICES (BRASS Coding)**

MMIS Health Care Procedures Codes to use in service agreements and in billing are found in Attachment A. BRASS service codes are also in Attachment A.

## **COUNTY ACTION**

Recipients must be screened and authorized for waived services. The service planning team makes decisions about how the needs of the waiver recipient will be met, including choice of which types of waived services will best meet the recipient's needs based on assessment and the preferences of the recipient and the legal representative, if any.

### **Screening**

When the service planning team meets, services may be added to the recipient's individual service plan and documented on the DD Screening Document. This results in a Service Change screening document (Action Type 03) and is submitted to MMIS II. See Attachment A for the Screening Document service codes. If the new service codes are not printed on the DD Screening Document, print them on the document. MMIS has been programmed to accept the new service codes.

### Service Agreements

Counties authorize payments for MR/RC Waivered services through MMIS service agreements. When recipients have been screened and authorized for modified or new services, those changes must be added to existing service agreements.

### Information Coordination

County social services, financial services, and MMIS data entry staff must coordinate as appropriate to assure efficient service delivery and provider reimbursement.

### SPECIAL NEEDS

Upon request, the information in this bulletin will be made available in alternative formats such as Braille, large print or audio tape.

ATTACHMENT A

*DD SCREENING DOCUMENT SERVICE CODES, MMIS HEALTH CARE PROCEDURE CODES (HCPC), UNITS OF SERVICE, RATES ON THE MMIS REFERENCE FILE, AND BRASS SERVICE CODES*

	Screening Document Service Code	MMIS Health Care Procedure Code (HCPC)	MMIS Unit Size	MMIS Reference File Rate	BRASS Service Code
<b>Chore Services</b>	50	X5268	30 minutes	\$5.73	523x
<b>Consumer-Directed Community Supports</b>	48	X5503 X5504 X5506	hourly daily monthly	\$200.00 \$500.00 \$6,000.00	645x(Adult) 145x (Child)
<b>Consumer Training &amp; Education</b>	47	X5502	unit/course/ item/etc.	\$2,500.00	502x
<b>Extended PCA</b>	50	X5581	15 minutes	\$3.18	624x (Adult) 124x (Child)
<b>Live-In Personal Caregiver Expenses</b>	49	X5505	daily	\$35.00	564x
<b>Transportation</b>	50	X5601	trip(s)	\$30.00	516x

**Laws of Minnesota, 1997, Chapter 203, Article 7, Section 27, WAIVER AMENDMENT, included the following directive:**

By July 15, 1997, the commissioner of human services shall submit proposed amendments to the Health Care Financing Administration for changes in the home and community-based waiver for persons with mental retardation or a related condition that maximize the number of persons served within the limits of appropriations and divert persons from institutional placement. The commissioner shall monitor county utilization of allocated resources and, as appropriate, reassign resources not utilized. Priority consideration for the reassignment of resources shall be given to counties who enter into written agreements with other counties to jointly plan, request resources, and develop services for persons with mental retardation or a related condition who are screened and waiting for waived services. In addition to the priorities listed in Minnesota Rules, part 9525.1880, the commissioner shall also give priority consideration to persons whose living situations are unstable due to the age or incapacity of the primary caregiver.

# **New Services Available Through the MR/RC Waiver**

## **A Guidebook for County Agencies**

Minnesota Department of Human Services  
Community Supports for Minnesotans with Disabilities

July 1998

## CHORE SERVICES

Chore services are needed to assure that a home is clean, sanitary, and safe. This service includes heavy household chores such as washing floors, windows, and walls, tacking down loose rugs or tiles, moving heavy furniture or appliances in order to provide safe access inside the home, basic home maintenance, and shoveling snow to provide access and egress.

Key points about chore services:

- ▶ provided when the person or person's primary caregiver is not capable of performing household tasks or when the provision of chore services allows the primary caregiver to provide other needed supports to the person
- ▶ the person must be living in his/her own home or the home of their primary caregiver, chore services are not available to people who live in a residence owned or leased by a provider of Medicaid services
- ▶ primary caregiver is defined as the person who is principally responsible for the care and supervision of the recipient, maintains his/her primary residence at the same address as the recipient, and is named as the owner or lessee of the primary residence
- ▶ chore services do not include services that are the responsibility of a landlord, if any
- ▶ costs for this service will be managed within each county agency's unique allowable average reimbursement rate

The local agency will assure that chore services:

- meet the person's health and safety needs
- are a cost-effective method to meet the unique needs and preferences of the person
- are directed at the outcomes desired by the person
- are documented in the ISP as a necessary service to meet the needs of the person

## Qualification Standards for Chore Services:

Chore services are provided by individuals or entities who meet the unique needs and preferences of the person as documented in the ISP.

### *EXAMPLE*

*Katie lives in her own apartment with a roommate and receives MR/RC Waivered Services, including supported living services, 24-hour emergency assistance, day training and habilitation, homemaker services, and case management. The apartment complex provides the majority of Katie's home maintenance needs, including snow shoveling, annual outside window cleaning, and outdoor and indoor maintenance and repairs. However, Katie and her team have identified the need for periodic chore services to allow Katie to continue living successfully in her apartment. The case manager arranges for a local maintenance service to semi-annually wash interior walls and windows and clean under and behind furniture and appliances.*

## CONSUMER-DIRECTED COMMUNITY SUPPORT SERVICES

Consumer-directed community supports are services which provide support, care and assistance to a person, prevent the person's institutionalization, and allow the person to live an inclusive community life. Consumer-directed community supports are designed to build, strengthen, or maintain informal networks of community support for the person.

Key points about consumer-directed community supports:

- ▶ Consumer-directed community supports include the following specific activities at the request and direction of the consumer or his/her legal representative:
  - 1) Provision of services and supports which assist the person, family, or friends to:
    - ? identify and access formal and informal support systems;
    - ? develop a meaningful consumer support plan; or
    - ? increase and/or maintain the capacity to direct formal and informal resources.
  - 2) Completion of activities which assist the person, his/her family, or his/her friends to determine his/her own future.
  - 3) Development of person-centered support plans which provide the direction, assistance and support to allow the person to live in the community, establish meaningful community associations, and make valued community contributions.
  - 4) Ongoing consultation, community support, training, problem-solving, and technical assistance to assure successful implementation of his/her person-centered plan.
  - 5) Development and implementation of community support strategies which aid and strengthen the involvement of community members who assist the person living in the community.
- ▶ the MR/RC Waiver will reimburse for consumer-directed community support services in areas of the state in which local agencies have memorandums of understanding with the Department to demonstrate the feasibility and effectiveness of consumer-directed community supports

- ▶ costs associated with consumer-directed community support will be managed within a county's unique allowable average to provide the flexibility to meet the preferences and needs of persons in the most effective and efficient manner

#### Qualification Standards for Consumer-Directed Community Supports

Consumer-directed community supports will be provided by entities or individuals that meet the unique needs and preferences of the person as specified in the person's ISP. The case manager will document in the ISP the specific training, experience, and/or education standards required to meet the unique needs and characteristics of the person.

The local agency that has entered into a memorandum of understanding with DHS will:

- ▶ provide consumer education and assistance in areas of self-determination and person-centered planning
- ▶ specify in their written procedures and criteria the local agency's responsibilities to provide information about consumer-directed community support options, develop and implement consumer-directed community support options, assist consumers in accessing and developing the desired support(s), and assist in securing administrative assistance to implement the support(s).
- ▶ establish mechanisms that allow consumers to exercise control and responsibility over their supports, and
- ▶ refine outcome-based quality assurance methods

The local agency will also:

- ▶ authorize resources for the purposes of purchasing consumer-directed community support services based upon factors outlined in the agency's written procedures and criteria. These factors may include the person's functional skills, environment, available supports, and specialized support
- ▶ assure the services do not duplicate any other service provided

- ▶ document in the ISP the components of the consumer-directed community supports that are necessary to prevent the person's institutionalization
- ▶ document in the ISP how the consumer-directed community support services enable the person to lead an inclusive community life, build a viable network of support, and result in outcomes specified by the person or his/her legal guardian
- ▶ document in the ISP the specific training, experience, and/or education standards required of the provider to meet the unique needs and characteristics of the person
- ▶ work with the person and his/her legal guardian to assure that the consumer-directed community supports meet the person's health and safety needs and personal preferences and are directed at the desired personal outcomes
- ▶ verify that the provider has met the identified standards
- ▶ monitor the provision of consumer-directed community supports

## EXAMPLE

*Questions and concerns to address when creating consumer-directed community support services:*

- ▶ *Is the consumer support plan meaningful to the consumer?*
- ▶ *Will consumer-directed community support services help to increase or maintain the ability for the consumer to direct their services and supports, both informal and formal? If yes, to what degree? Is this an area in which the consumer desires further assistance?*
- ▶ *Do consumer-directed community support services include activities to help the consumer, with support from family and friends as desired, determine his or her own future? What are these activities?*
- ▶ *What has been the process for the development of a person-centered support plan? How does the consumer feel about the process? Do they want to change the process or the participants? How often will the plan be reviewed and/or modified? Does the plan provide direction, assistance, and support to allow the consumer to live in their community? Does the plan deal with the how the consumer will make or maintain meaningful community relationships? Does the plan consider how the consumer will make contributions of value to his or her community?*
- ▶ *What types, if any, of on-going consultation, community support, training, problem-solving and/or technical assistance are necessary to assure that the person-centered plan is implemented successfully? Have the participants and their roles and responsibilities been fully identified and agreed upon?*
- ▶ *Do the consumer's community members need education, training, and/or technical assistance to assure that they are optimally prepared for their roles and responsibilities?*

## CONSUMER TRAINING AND EDUCATION

Consumer training and education is a service designed to help consumers receiving MR/RC Waivered services to achieve one or more of the following outcomes:

- ? develop their self-advocacy skills;
- ? exercise their civil rights; and
- ? acquire skills that enable them to exercise control and responsibility over the services and supports they receive.

Key points for consumer training and education services

- ? provides opportunities that are broader in scope than are available through habilitation service categories
- ? provided in combination with a residential service
- ? the case manager seeks input from the person on their training and educational interests and links the person with information on potential training and educational opportunities
- ? costs for this service will be managed within each county agency's unique allowable average reimbursement rate
- ? documented in the ISP that the service is necessary to meet the needs of the person

The Individual Service Plan (ISP) must:

- ? document the areas of training and education which achieve the outcomes stated above; and
- ? document the outcomes and benefits of the person's participation in specific education and training.

The local agency will:

- provide the consumer and their legal representative, if any, of the potential sources of training and education opportunities

- ▶ identify the methods by which the consumer will receive the information about training and educational opportunities

#### Qualification Standards for Consumer Training and Education:

Consumer training and education is provided by individuals, agencies, educational facilities who demonstrate expertise in topics such as, but not limited to:

- ▶ Developmental disabilities,
- ▶ Community integration
- ▶ Self-advocacy
- ▶ Family dynamics
- ▶ Stress management
- ▶ Self-determination
- ▶ Civil rights
- ▶ Service planning and monitoring

#### Reimbursement

Reimbursement can be made for any or all of the following when they are related to attendance by the person receiving waived service or caregivers whose presence is needed for the person to participate in consumer training and education activities:

- ▶ Enrollment fees
- ▶ Materials
- ▶ Travel, hotel and meal expenses

Authorization of expenses must be approved by the case manager.

Documentation of expenses must be submitted to the local county social service agency prior to payment. Documentation could include:

- ▶ course syllabus
- ▶ workshop description
- ▶ training objectives
- ▶ receipts for any fees and expenses

Payment may be made directly to the consumer by the local county social service agency and the local county social service agency, as an enrolled Medicaid provider, would submit claims for the service to the MMIS. Counties may arrange a voucher system for a person who may not have

available funds to pay for services prior to the training. The county pays the person and receives reimbursement as the provider on the service agreement. Reimbursement to the county cannot occur until after the service provision.

Reimbursement is limited to \$2,500 per person annually.

#### **EXAMPLE**

*Claire is a young woman living in a family foster care setting and receiving additional services through the MR/RC Waiver. She indicates to her foster care providers that she wants to be a more active participant in her service planning. However, at meetings with her service planning team Claire is generally reserved and will ask her conservator to speak on her behalf. Claire's case manager searches for opportunities for Claire to build skills in the areas of self-advocacy and describes these opportunities to Claire and her conservator. Claire and her conservator decide that a weekend retreat workshop would best meet her needs at this time. The case manger arranges for Claire's attendance and reimbursement.*

## EXTENDED PERSONAL CARE SERVICES

Extended personal care services include assistance with eating, bathing, dressing, personal hygiene, and activities of daily living

Key points for extended personal care services:

- ? activities of daily living may include services such as meal preparation, bed making, dusting, and vacuuming when they are essential to the health and safety of the person
- ? personal care services must first be provided under Minnesota's MA program until the plan limitations are reached, extended personal care services exceed the amount and duration of the services available through the state plan
- ? when the person is incapable of directing his/her own care, the care direction may be provided by a significant caregiver (who is not the personal care assistant), a family member not residing with the person, or by the care manager
- ? the personal care assistant (PCA) may provide services to the person in the community as well as the person's home
- ? supervision of personal care assistant is furnished by a personal care provider organization registered nurse

Qualification Standards for Personal Care Services:

Personal care services are provided by PCAs who are employees of or under contract to a MA enrolled personal care provider organization.

A PCA must be able to show successful completion of one or more of the following:

- ? a nursing assistant training program or its equivalent, for which competency is determined by the State Board of Vocational Technical Education
- ? a homemaker/home health aide pre-service training using a curriculum recommended by the Minnesota Department of Health
- ? an accredited educational program for registered nurses or licensed

practical nurses  
a training program that provides the assistant with skills required to perform personal care assistant services

- a determination by the supervising registered nurse that the PCA has the skills required through training and experience to perform personal care services

Relatives may provide personal care assistant services if they meet one of the above qualifications and meet financial hardship criteria.

The local agency will:

- ▶ document the provision of the service in the Individual Service Plan or contractual agreement, and
- ▶ monitor and evaluate the personal care services.

#### Reimbursement

Extended PCA services are submitted on the same service agreement as the state plan PCA services and additional waived services.

#### **EXAMPLE**

*Will is a 12 year old boy who lives at home with his family. He receives a combination of services including PCA and MR/RC Waivered services. His current medical condition makes him eligible for 3 hours per day of PCA services. His parents have found his PCA staff to provide excellent care. For them to better provide support to Will and his siblings they would benefit from an additional hour of PCA services each day for Will. Working with Will's case manager, waived services are adjusted to accommodate the cost of extended PCA and to assure that there is no duplication in service.*

## LIVE-IN PERSONAL CAREGIVER EXPENSES SERVICE

Live-in personal caregiver expenses service include the portion of rent and food that may be reasonably attributed to the live-in personal caregiver.

Key points for live-in personal caregiver expenses:

- ? costs are incurred by or due to the live-in personal caregiver
- ? the live-in personal caregiver must also provide at least one of the following approved waiver support services:
  - In-home family support services;
  - Supported living services;
  - Personal support services;
  - Extended personal care attendant services; or
  - Consumer-directed community supports services
- ? the live-in personal caregiver must reside in the same household as the person receiving waived services
- ? the home in which the person and the live-in personal caregiver resides may not be owned or leased by the live-in caregiver or a provider of Medicaid services
- ? live-in personal caregiver expenses will not duplicate other services that are provided to the person
- ? costs for this service will be managed within each county agency's unique allowable average reimbursement rate
- ? documented in the Individual Service Plan that the service is necessary to meet the needs of the person

Qualification Standards for Live-In Personal Caregiver Expenses: Live-in personal caregivers must be individuals

- ▶ who are unrelated to the person receiving waived services
- ▶ who meet the provider/employee qualifications as specified for the additional waived service(s) that they also provide.

The local agency will:

- ? document the live-in caregiver expenses to assure the portion of rent and food attributed to the live-in caregiver is reasonable (see next page for a worksheet to complete when determining the live-in personal caregiver expenses)
- ? document the provision of the service in the Individual Service Plan and contractual agreement, and
- ? monitor and evaluate the live-in personal caregiver expenses.

### **EXAMPLES**

*Mary is a seventeen year old young woman who receives services through the MR/RC Waiver, including in-home family support, respite care, and homemaker services. She lives with her parents in their family home. The family has been very pleased with the skill and devotion Sarah, an employee of an in-home family support provider, has displayed over the past year. Working with Sarah and the service planning team Sarah moves into Mary's family home. Sarah continues to provide in-home family support services as an employee of the service provider. The family is reimbursed for the room and board costs associated with Sarah living in their home. In this situation the costs include food for three meals per day and the additional costs associated with electricity, water, sewage, and garbage disposal use. The family is not reimbursed for "rent" as Sarah uses an extra bedroom in the family home that would not normally be available for rental purposes.*

*Harley is a forty year old man who lives in the home of his sister, brother-in-law, and two nieces. He receives services through the MR/RC Waiver, including in-home family support, respite care, day training and habilitation and personal support services. The home contains an attached two bedroom apartment which in the past has been used for rental income. To give greater autonomy to Harry the family arranges for Harry to "move" into the home apartment with Steve, a live-in personal caregiver. Steve also provides and is paid through the MR/RC Waiver for personal support services. The family is reimbursed for the room and board costs incurred by Steve living in the rental unit of their home, including food for three meals per day, electrical, water, sewage, and garbage disposal costs, and the rental fee associated with the apartment.*

## Live-In Personal Caregiver Expenses

Medicaid reimbursement is available to cover certain allowable expenses of a live-in personal caregiver residing with a MR/RC Waiver recipient. The live-in personal caregiver is required to provide a waived service. The approved waived services include residential habilitative services, personal support services, extended personal care attendant services, and consumer-directed community supports. Medicaid reimbursement is NOT available in situations in which the recipient lives in the caregiver's home or a residence owned or leased by the provider of Medicaid services.

Complete the form below to document the portion of the rent and food expenses that are attributable to the live-in caregiver residing with the recipient.

A	B	C	D	E
	MONTHLY Room and Board Expenses	NUMBER of Persons to whom Room and Board Expenses are attributable	MONTHLY Room and Board Expenses Attributable to the Live-In Caregiver	Annual Room and Board Expense Attributable to the Live-In Caregiver
Rent	\$ _____			
Food	\$ _____			
<b>TOTAL</b>	<b>\$ _____</b>	<b># _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

COLUMN B: Add allowable and appropriate monthly rent and food expenses.

COLUMN C: Enter the number of persons responsible to pay for these expenses.

COLUMN D: Divide total in column B by column C to determine the monthly cost which is attributable to the live-in caregiver.

COLUMN E: Multiply column D by 12 to determine a yearly cost per person

Case manager signature

Date

## TRANSPORTATION

Transportation services allow a person to gain access to their community services, resources, and activities.

Key point for transportation services:

- ▶ family, neighbors, friends, or community agencies who can provide the service without charge should be first accessed, if possible
- ▶ meet the person's health and safety needs
- ▶ are offered in accordance with the person's needs and preferences, and are directed at the outcomes desired by the person
- ▶ allow a person to live an inclusive community life

...  
The local agency will:

- ▶ document in the ISP how the provision of transportation services meet the person's needs, preferences, outcomes, and inclusion in community life

### Qualification Standards for Transportation Services:

Transportation services will be provided by individuals or entities who are common carriers of community transportation. Common transportation community carriers include the bus, taxicab, and county-owned services. Private individuals may also be designated to provide transportation when they meet the consumer's needs and preferences in a cost-effective manner. Drivers or carriers must have a valid Minnesota driver's license and adequate insurance coverage, including auto insurance as required under Minnesota Rules, parts 9505.0315, subpart 1, 9565.4200, subpart 2 and 9565.4300, subparts 2 to 4.

Special transportation provider qualifications necessary to meet a person's unique needs and preferences will be specified by the person and his/her legal guardian and documented in the person's ISP.

### Reimbursement

Transportation services may be reimbursed through the MR/RC Waiver when the services are documented in the ISP as necessary to allow the person to

live an inclusive community life. Medicaid payment under the approved waiver plan is in addition to medical transportation required under 42 CFR 431.53 and under the State plan, and as administrative expenditures. It will not replace State Plan medical transportation services or substitute for transportation that is available at no charge.

Additional Medicaid payment will not be provided to residential or day habilitation providers contracted to provide transportation to and/or from the person's residence and the site of a habilitation service when payment for transportation is included in the established rate paid to the residential or day habilitation provider.

#### *EXAMPLE*

*Elizabeth lives with her mother and father. She receives in-home family support services, personal support services, homemaker services, and case management. Due to illnesses, Elizabeth's parents are no longer able to drive. The family depends primarily on family and friends for transportation needs when public transportation is not available. Elizabeth works three mornings a week at a child care center. Her father had previously been driving her to and from work but can no longer do so. Elizabeth's case manager arranges for one of Elizabeth's co-workers to drive her to and from work. The co-worker is reimbursed for her services.*